

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913614

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1			1			
2				1		
3				1		
4				1		
5				1		
6				3		
7				4		
8						
9				1		
10				6		
11				6		
12						
13				1		
14				1		
15				3		
16				3		
17				3		
18				3		
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TOTAL IND.			3		5	
TOTAL DER.			54		13	
TOTAL CLAIMS			57		18	

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY